

**Before the
Federal Communications Commission
Washington, D.C. 20554**

In the Matter of:

HEALTH CARE DELIVERY ELEMENTS OF
NATIONAL BROADBAND PLAN

GN Docket Nos. 09-47, 09-51, 09-137;
WC Docket No. 02-60

**Comments of the Health IT Now Coalition
The FCC Notice of Inquiry**

Overview:

The Health IT Now Coalition applauds the efforts of the Federal Communications Commission to develop a comprehensive National Broadband Plan to improve access to, and the quality of, advanced telecommunications technology and services throughout the country. The success of this initiative will have a profound impact on healthcare in America.

Developing a national broadband plan is a critical step in improving and modernizing our health care system. Broadband deployment will help promote a secure nation-wide system of health information exchange, lower the costs of treatment, improve access to scarce providers and reduce medical errors. Patients in un-served, underserved and rural communities will benefit from telemedicine, receiving care from registered nurses and doctors without the additional complications or costs of traveling great distances to access care.

The National Broadband Plan will provide new opportunities if high-speed broadband Internet is deployed quickly, fairly, and effectively. We have outlined several areas of interest to the Health IT Now Coalition that we hope you will consider as you work to report your plan to Congress.

Adoption:

Background

Just four percent of physicians report having and using a robust, fully functional electronic-records system, and 13 percent report having a basic system, according to a study reported in the New England Journal of Medicine. Primary care physicians and those practicing in large groups, in hospitals or medical centers, and in the western region of the United States were more likely to use electronic health records. (*New England Journal on Medicine*, July 3, 2008).

In response to number 4 in the Notice of Inquiry, Harvard University Professor Asish Jha reported several barriers to adoption in hospitals most frequently cited, including:

- Inadequate capital (73%),
- maintenance costs (44%) and
- Physician resistance (36%) are cited as the top three barriers to adoption.

In the ambulatory setting, the top three barriers to adoption include:

- Lack of capital (67%),

- Finding a system that meets their needs (54%)
- Uncertainty of ROI (51%), and
- The fear that the EHR would become obsolete (45%).

In addition, we know anecdotally and from direct experience that conflicting state laws present barriers to the exchange of information. For example, the Health IT Policy Committee found at an October 20 meeting that state laws regulate the exchange of electronic laboratory results, and standards don't exist to allow the information to flow easily between labs and physician offices.

Proposed Solutions

For these reasons, the Health IT Now Coalition has long supported financial incentives that enhance access to capital and funding to expand adoption and use of health IT. We also support nationwide, interoperable standards for the exchange of health information. We believe a solid broadband plan that promotes capital and assists the development and use of nationwide interoperability standards is critical.

Another way to achieve higher rates of adoption is through the promotion of telemedicine into recognized everyday practice of care. Through the National Broadband Plan, the FCC can help achieve this goal by proposing expanded Medicare coverage for telemedicine and telehealth services in urban, suburban and rural areas. The removal of the rural designations on telehealth services will help ensure that all areas, both rural and suburban, can utilize these important services. HIT Now believes we must expand eligibility to all Medicare providers to ensure telehealth becomes ubiquitous. This is not because we believe telehealth is an end in and of itself. Telehealth is an access tool that is critical to ensuring that as more people demand health services, and as the number of providers shrinks relative to the population, people can continue to receive care. Telehealth can be time saving for providers and patients alike.

In addition, telehealth as a tool can improve convenience and compliance and more rapidly notify doctors when there is a change in patient health status. For example, data gleaned through remote monitoring provides data on changes in patient health status (say large weight changes in patients with CHF) that are not available conveniently and consistently through face-to-face encounters. In addition, the prospect of electronic health records means such data can be seamlessly added to a patient's medical history, providing higher quality data that can literally be used to save lives in an emergency. None of this is possible if data cannot be shared due to lack of broadband access.

As the Commission continues its work with the National Broadband Plan it is vital you promote policies that will encourage providers, consumers and other sectors of the health care industry to adopt health information technology. Reliable, accessible broadband is critical in this regard. HIT does not work well unless there is a broadband structure to move data in a way that makes HIT appealing. Absent policies that promote broadband investment by the private market, and unbiased use of the significant federal resources available to expand broadband into unserved areas, we fear HIT will continue to be underutilized. As we see today, anemic adoption can result in unnecessary costs, lower quality care, and even avoidable deaths due to errors or lack of clinical information. The Commission has an opportunity to foster policies that will transform our health care system out of the old pen and paper system and into the digital future through broadband.

Interoperability:

Patients currently receive care across multiple providers and platforms. For example, someone who needs an x-ray typically will need to see their primary care physician before traveling to specialist and then an x-ray technician's office. Without a comprehensive integrated EHR system, records will change from office to office as they often do in the pen and paper system leaving errors and often times duplicate tests. The coordination between multiple practices and specialties across diverse geographic areas is a vision of care coordination largely unused today.

As health information technology is deployed it is important that we not simply achieve full connectivity but rather complete interoperability. In order to reach the full potential of health IT we must ensure that systems can speak to each other. This means a system on the West Coast can fully integrate with a system on the East Coast in real time. Interoperability is crucial not only for implementation but as well as widespread access to real time medical data.

Foundation for Innovation:

Broadband enables real-time, 24-hour remote monitoring by physicians and health care professionals that will mean greater access for patients in rural or underserved communities. Additionally, patients unable to travel can interact with health care providers and consult specialists in real time without having to leave home or travel long distances to a physician's office. One study (Litan 2005) estimates that greater access to broadband technologies would save \$15 billion a year by 2020 by preventing institutionalization in long term care settings and keeping patients in home and community based care.

High speed broadband networks allow doctors and hospitals to send patient records, view high definition x-rays and initiate critical medical tests in a matter of seconds. Broadband allows a patient to get an MRI and have it read and interpreted by an expert in a different hospital in a different state. This function brings the expert to the patient rather than the patient to the expert. It is an exciting innovation that holds the promise of democratization of health services from those with substantial resources to seek out and travel to the best of the best to those with limited mobility or resources due to income or time constraints.

Health care applications will never reach their full potential in America unless broadband providers continue to invest billions of dollars in next generation network infrastructure to continually upgrade the capacity and sophistication of their networks. Health IT applications require high speed, managed and smart networks to function properly. Policies that inhibit the use of broadband for less socially desirable purposes may seem democratic or neutral, but will have the effect of less investment, and, therefore, less rapid deployment, thereby slowing the extension of health services to the unserved and underserved.

Proper Security and Privacy:

Under the current, paper-based system, we almost always do not know when someone reviews a medical file. People, intentionally or not, look or even copy a patient chart, and put it back. Health IT creates an audit trail showing who tried to log in, when they made the attempt, and where. Crude paper systems try to replicate this system, but fall far short of the traces electronic records create.

Health IT creates better care for patients and empowers consumers to actively engage in their health care. Access to medical information builds a better foundation for individuals to understand their medical history and what they should do about their situations. Individuals need access to their medical information in order to make healthy choices and informed decisions. The current paper system and electronic records have bred distrust among consumers. Knowledge that strong privacy and security help protect electronic medical records coupled with severe penalties for misuse can help change this distrust in a way paper records cannot and should not.